

Name
in
Full

Annie Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	190 <u>9</u> Month <u>May</u>	Day <u>11</u>	Age <u>45</u> Years	Montha	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Sidney Bowen</u>				
Father's Name <u>Augustus Binens</u>	Father's Birthplace <u>Do not know</u>				
Mother's Maiden Name <u>Elnore Smith</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Elnore Smith</u>	How related to deceased <u>Mother</u>				

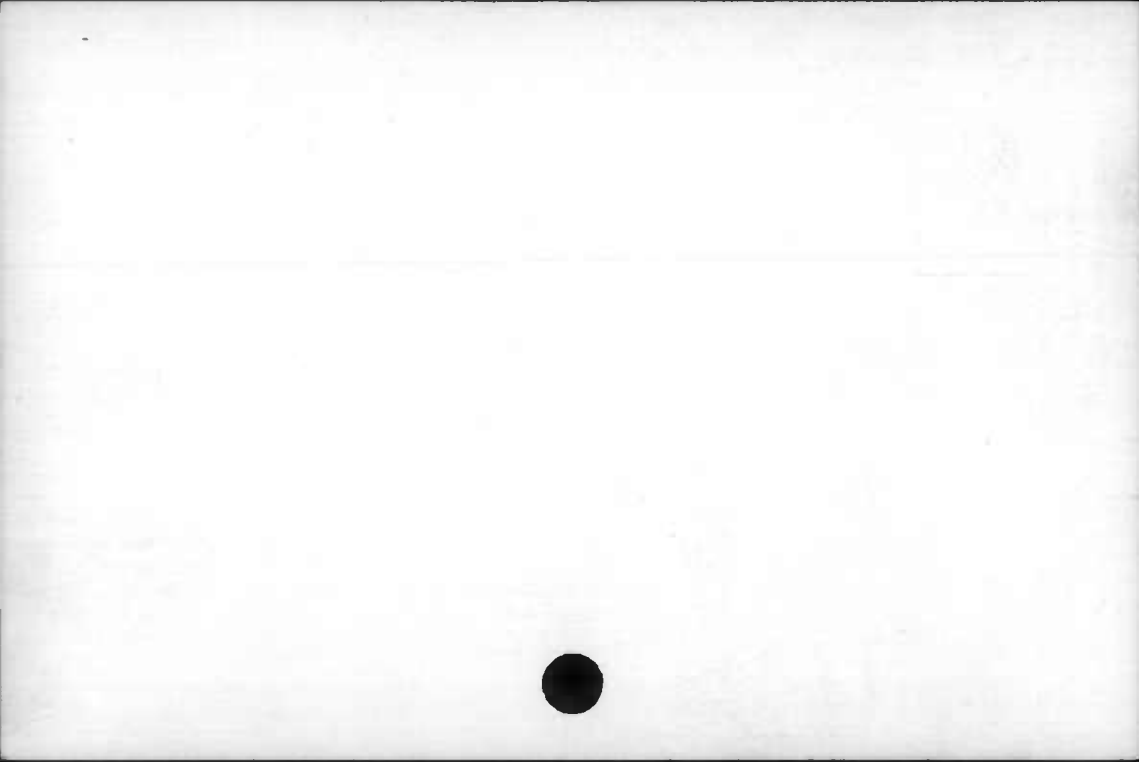
CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary <u>Syphilis</u>	How long <u>6 years</u>
Immediate <u>Exhaustion - Starvation</u>	How long <u>gradual</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D.B. Potter</u>
	Address <u>Salisbury Md</u>
Accident or Suicide	

Hollaway



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Susan W. Custis L

Town *Salisbury* County *Micromie* MARYLAND

Died at *Salisbury* Month *May* Day *6* Years *77* Months *—* Days *—*

Date of death *1909* Age *77*

Sex *Female* Color or Race *White* Birth-place *Virginia*

Occupation *Housework* Where Residing if not at place of death *In Virginia*

Married, Single or Widowed *Married* Name of Wife or Husband *Edward H. Custis*

Father's Name *Jullie W. Parker* Father's Birthplace *Virginia*

Mother's Maiden Name *Margaret Evans* Mother's Birthplace *Virginia*

Name of person giving Information *Edward Custis* How related to deceased *Daughter*

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

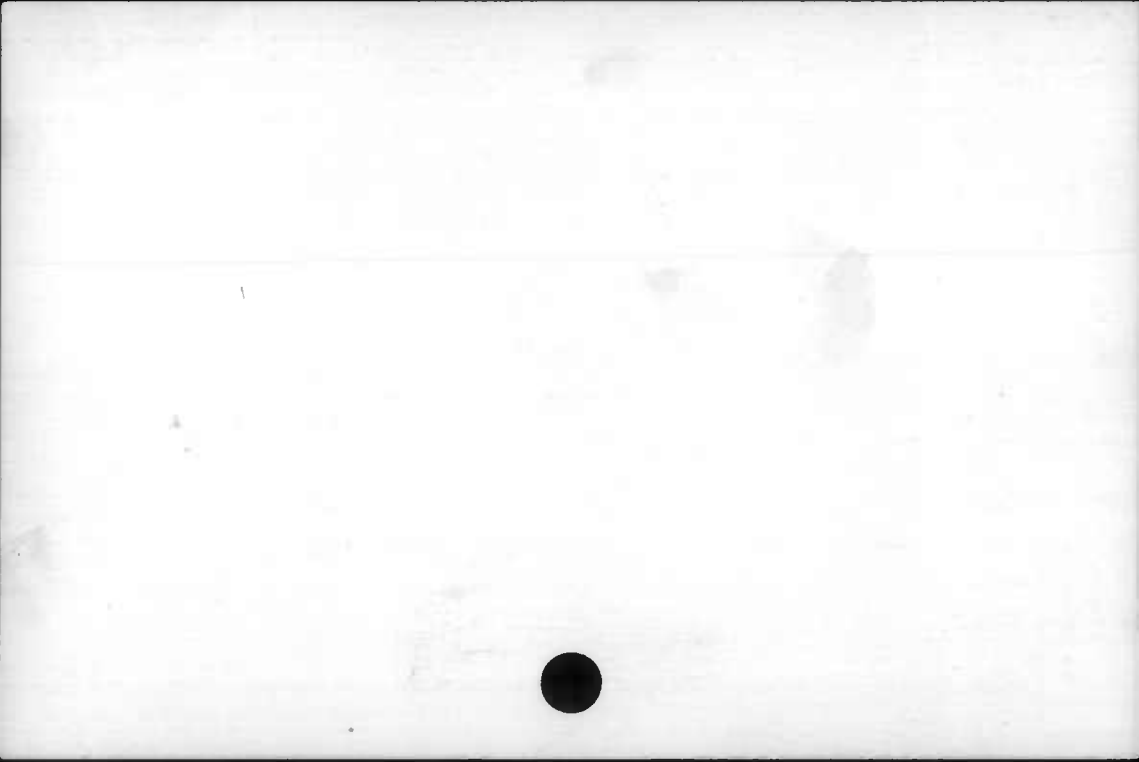
Primary *Cerebrovascular of arteries* How long *6 months*

Immediate *Arteriosclerosis* How long *7 or 8 years*

Are the name, age, sex, color, date and place correctly given above? *So far as I know*

Signature of Physician *J. H. Davis* Address *Salisbury Md*

Accident or Suicide *No*



Name
in
Full

John, New Dashield

+

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *White Haven* ^{Town} *Wicomico* ^{County} **MARYLAND**Date of death *1909* ^{Month} *May* ^{Day} *13* ^{Years} *Age 22* ^{Months} *6* ^{Days} *11*Sex *Male* Color or Race *Negro* Birth-place *Tyaskin Md.*Occupation *Labour* Where Realding if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Eveland Dashield*Father's Name *John W. Dashield* Father's Birthplace *Tyaskin Md.*Mother's Maiden Name *Mary J. Dashield* Mother's Birthplace *Tyaskin Md.*Name of person giving Information *Mary J. Hainright* How related to deceased *Mother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Tuberculosis of lung* How long *7 months*Immediate *Asthma* How longAre the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *R. C. Paynor*Address *White Haven Md.*

Accident or Suicide

No 25.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>her</i> ^{Town} <i>home</i>		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>May</i> ^{Day} <i>2</i>		^{Age} <i>1</i> ^{Years}		^{Months} <i>2</i>	^{Days} <i>2</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William Dashiell</i>		Father's Birthplace <i> Md</i>			
Mother's Maiden Name <i>Mary E. Dashiell</i>		Mother's Birthplace <i> Md</i>			
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Whooping Cough</i>	How long <i>4 weeks</i>
	Immediate <i>11</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. English (coroner)</i>
	Accident or Suicide?	Address <i>Mardela Springs Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

Died at		Town		County		State	
Salisbury		Wicomico		Maryland			
Date of death		Month	Day	Age	Years	Months	Days
1909		May	16	95		1	21
Sex		Color or Race		Birth-place			
Female		White		Wicomico Co. Md.			
Occupation		Where Residing if not at place of death					
None							
Married, Single or Widowed		Name of Wife or Husband					
Widow		John R. Downing					
Father's Name		Fether's Birthplace					
Scarborough Parker		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Not Known		"					
Name of person giving Information		How related to deceased					
Mrs. Annie E. White		Daughter					

CAUSES OF DEATH

Primary	Senile Arterio-sclerosis		How long	several years
Immediate	Heartfulness		How long	few hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Louill W. Morris M.D.
			Address	Duluth, Minn.
Accident or Suicide				



Name
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Full

Ernest C. Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

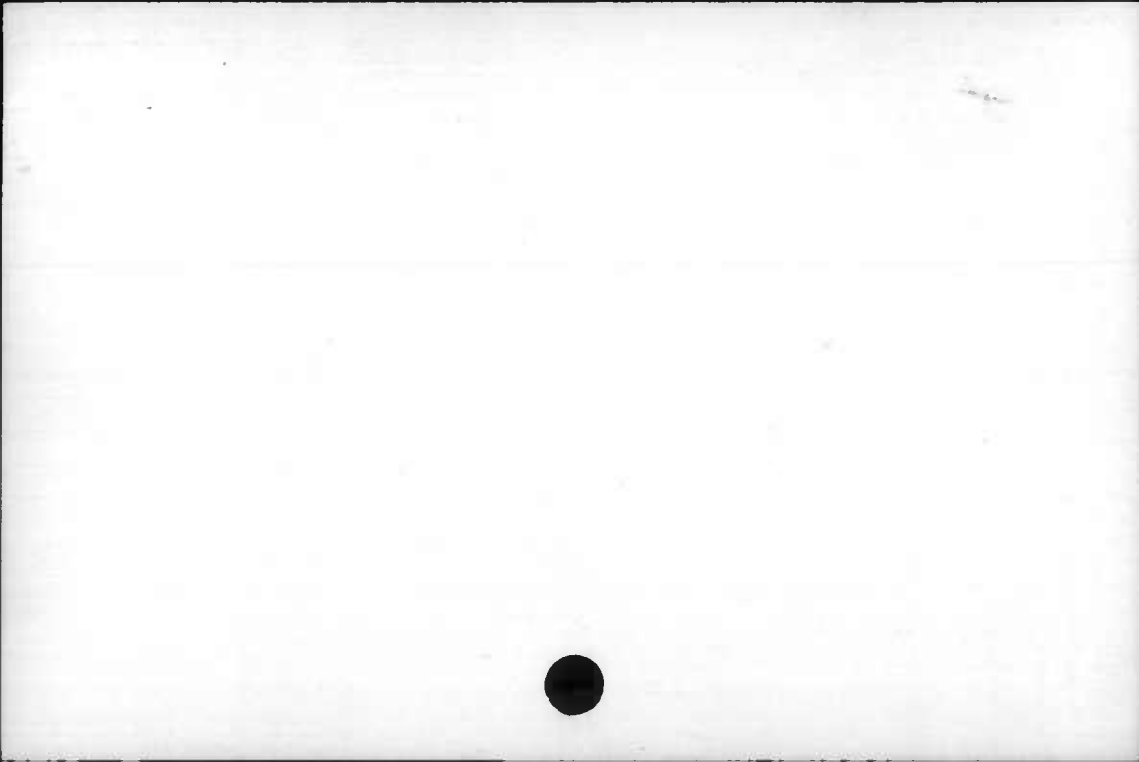
Died at <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>14th</i>	Years <i>14</i>	Months <i>3</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>William C. Elliott</i>			Father's Birthplace <i>Wicomico Md.</i>		
Mother's Maiden Name <i>Sarah A. Williams</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>William C. Elliott</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Acute gangrenous appendicitis</i>	How long <i>4 days (?)</i>
Immediate <i>Perforated peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>M. D. [Signature]</i>
Address <i>Salisbury, Md</i>	
Accident or Suicide <i>No</i>	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>James Elzey</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1909	Month	May	Day	20 th	Age	73
Sex	Male	Color or Race	White	Months	11	Days	13
Occupation	Farmer			Birth-place	Sussex Co. Del.		
Where Residing if not at place of death	Salisbury Md.						
Married, Single or Widowed	Married		Name of Wife or Husband	Hester E. Elzey			
Father's Name	Charles Elzey			Father's Birthplace	Sussex Co. Del.		
Mother's Maiden Name	Patience Killiam			Mother's Birthplace	Maryland		
Name of person giving Information	Charles F. Elzey			How related to deceased	Son		

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	<i>Astoria - Eclipsia</i>	How long	<i>Don't know</i>
Immediate	<i>Exhaustion & heart failure</i>	How long	<i>74 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Louis W. Deans MD</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

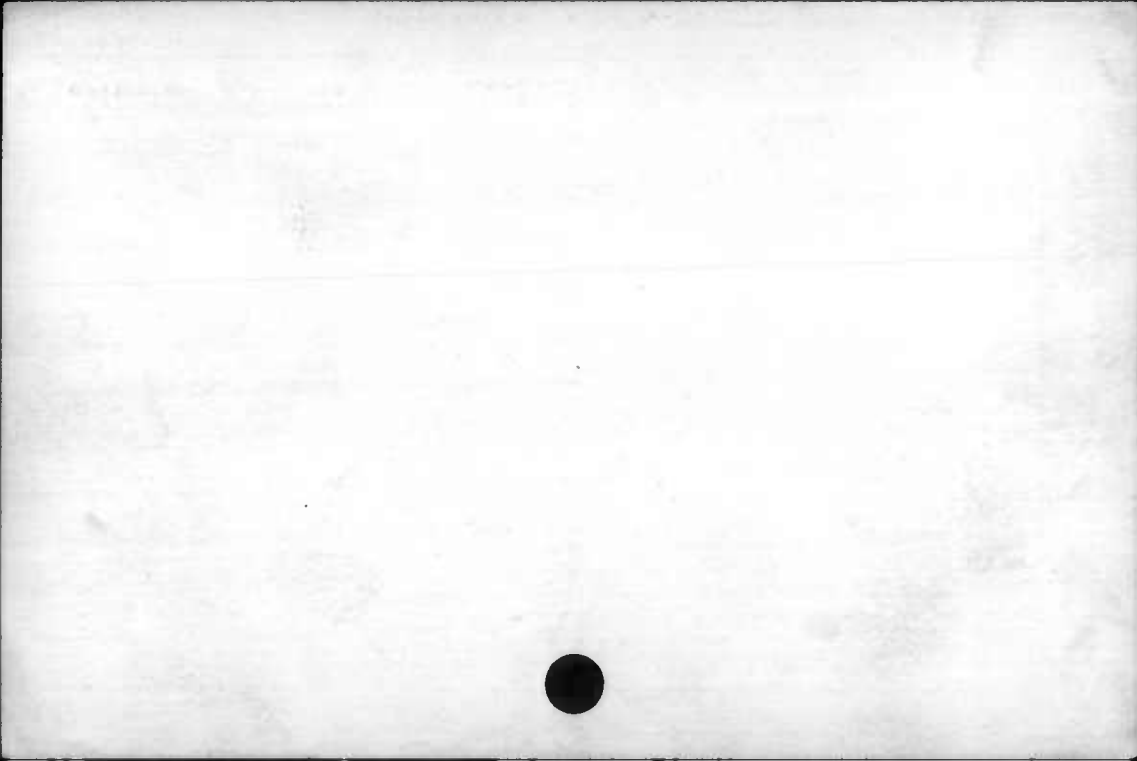
Died at <i>Nanticoke</i>		Town <i>Nanticoke</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>9th</i>		Age <i>57</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Nanticoke</i>		Months <i>4</i> Days <i>14</i>	
Occupation <i>Sailor</i>				Where Residing if not at place of death <i>Nanticoke, Md.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Milkey Evans</i>					
Father's Name <i>Henry Evans</i>		Father's Birthplace <i>Nanticoke, Md.</i>					
Mother's Maiden Name <i>Adeleine Barclay</i>		Mother's Birthplace <i>Nanticoke, Md.</i>					
Name of person giving Information <i>Son, Mr. H. Evans</i>		How raised to deceased <i>Oldest Son.</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>1 week</i>
Immediate <i>General Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes!</i>	Signature of Physician <i>Edward E. Lamkin</i>
	Address <i>DR. EDWARD E. LAMKIN, NANTICOKE, MD.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		May	17	Age	56	6	24
Sex	Female	Color or Race	White	Birth-place	Salisbury Md.		
Occupation	Housewife			Where Residing if not at place of death	_____		
Married, Single or Widowed	Married			Name of Wife or Husband	William S. Gordy		
Father's Name	Henry E. Brewington			Father's Birthplace	Salisbury Md.		
Mother's Maiden Name	Orrintha Long			Mother's Birthplace	Pocomoke City Md.		
Name of person giving Information	Wm S. Gordy Jr			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Erbates - Chronic Py Nephritis	How long	survizes, 1 year
Immediate	Uremic Poisoning	How long	several weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Louis W. Horn Md.
		Address	Quincy Md.
Accident or Suicide			



Name
in
Full

Infant of Ernest C. Guthrie

CERTIFICATE OF DEATH

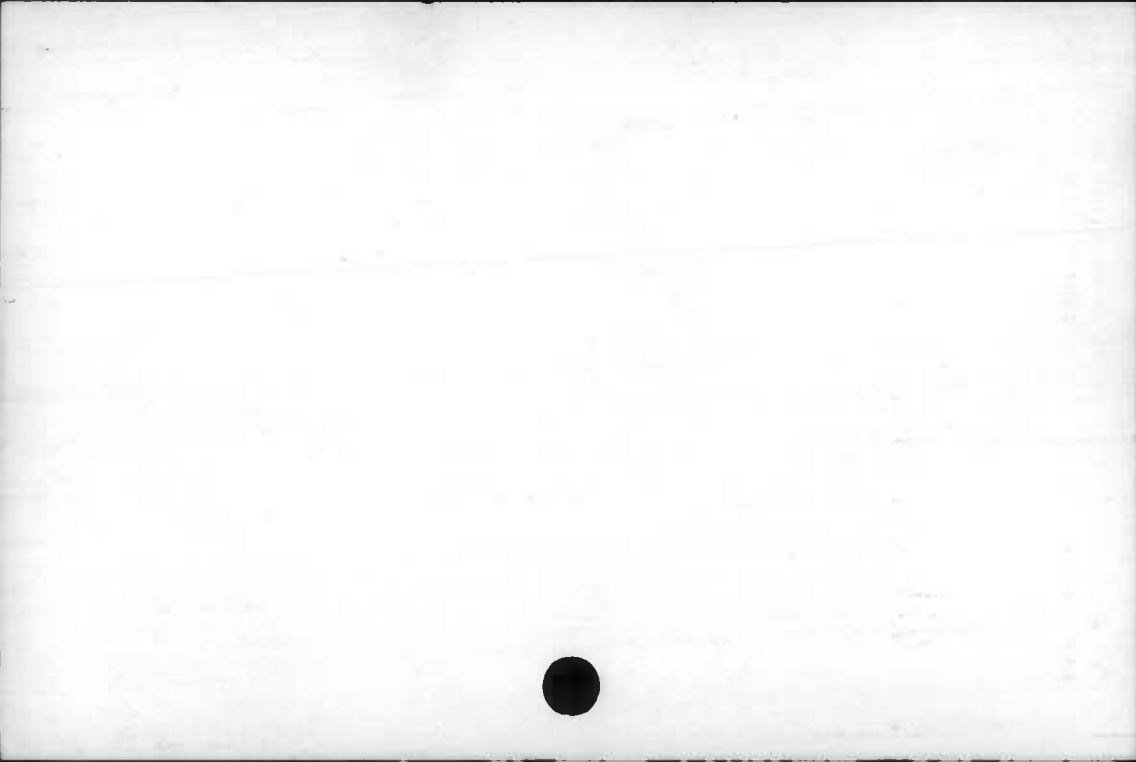
TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury		County Wicomico		MARYLAND	
Date of death 1909	Month May	Day 27 th	Years Age Dead Born	Months	Days
Sex Female	Color or Race White		Birth- place Salisbury Md.		
Occupation None		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Ernest C. Guthrie			Father's Birthplace		
Mother's Maiden Name Sela Jones			Mother's Birthplace Mt Vernon Md.		
Name of person giving Information Ernest C. Guthrie			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician L. B. Potter
	Address Salisbury Md.
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Olive Harcum

County

MARYLAND

Died at

Near

Town

Allen

Wicomico

Date

of death

1909

Month

May

Day

5th

Years

Age

21

Months

*

Days

14

Sex

Female

Color or
Race

White

Birth-
place

Near Allen Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Blair Harcum

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Banks

Mother's
Birthplace

"

Name of person giving
Information

Olevia Bounds

How related
to deceased

None

CAUSES OF DEATH

69

Primary

Epilepsy

How long

16 years

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

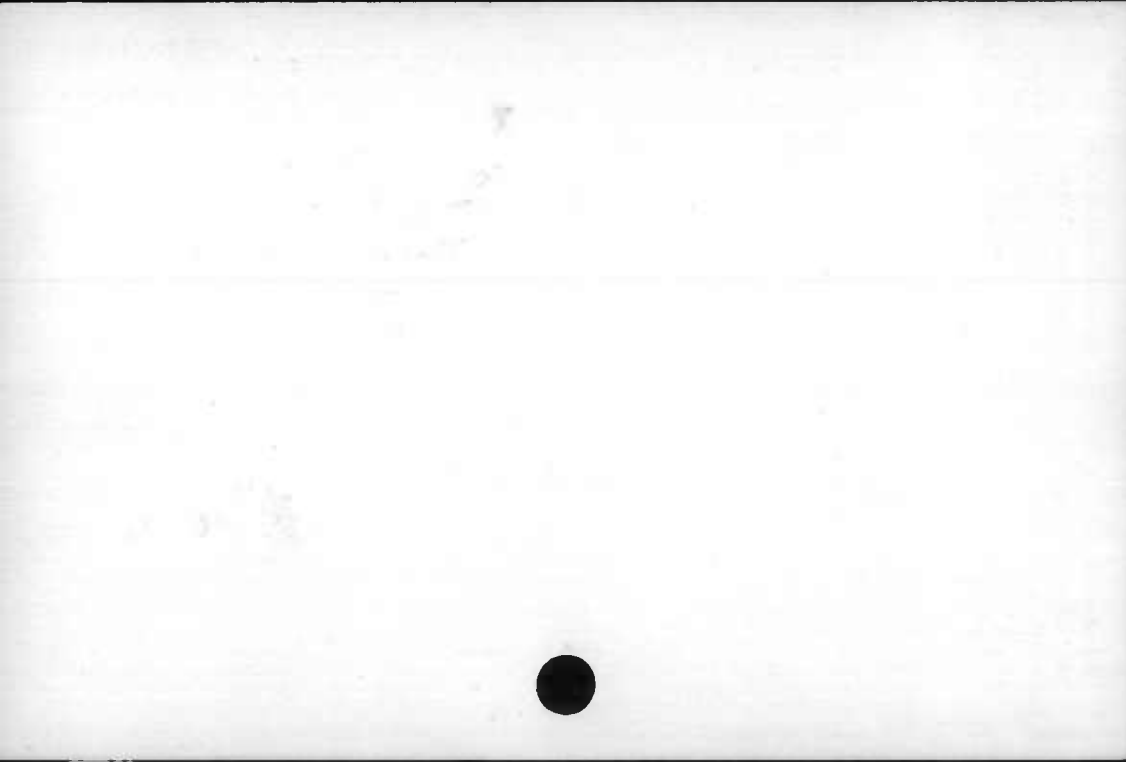
Signature of
Physician

Address

J. J. T. Frazier
Allen
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Bertha E. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Fruitland* Town *Wicomico* County *MARYLAND*

Date of death *1909* Month *May* Day *17th* Age *28* Years Months Days

Sex *Female* Color or Race *Black* Birthplace *Salisbury Md.*

Occupation *Housework* Where Residing if not at place of death *---*

Married, Single or Widowed *Widow* Name of ~~Wife or~~ Husband *(unknown) Harris*

Father's Name *Perry Brewington* Father's Birthplace *Wicomico Co. Md.*

Mother's Maiden Name *Hester Smith* Mother's Birthplace *" " "*

Name of person giving Information *Perry Brewington* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Suppressed tuberculosis* How long *Counted?*

Immediate *Exhaustion* How long *7 or 8 days*

Are the name, age, sex, color, date and place correctly given above? *So far as I know*

Signature of Physician *J. M. Carter* Address *Salisbury Md.*

Accident or Suicide *No*

I only saw this woman towards
the last; from her history I
presume that she had pulmonary
intercurens. J. M. D.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harvey Rubins +

Town *Salisbury* County *Micomic* MARYLAND

Died at *Salisbury*

Date of death 190 *9* Month *May* Day *10* Age _____ Years _____ Months _____ Days _____

Sex *male* Color or Race *Black* Birth-place *Mo*

Occupation *Laborer* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband *Ester Rubins*

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *Mary Rubins* Mother's Birthplace *Do not know*

Name of person giving Information *Ester Rubins* How related to deceased *wife*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Lung* How long *36*

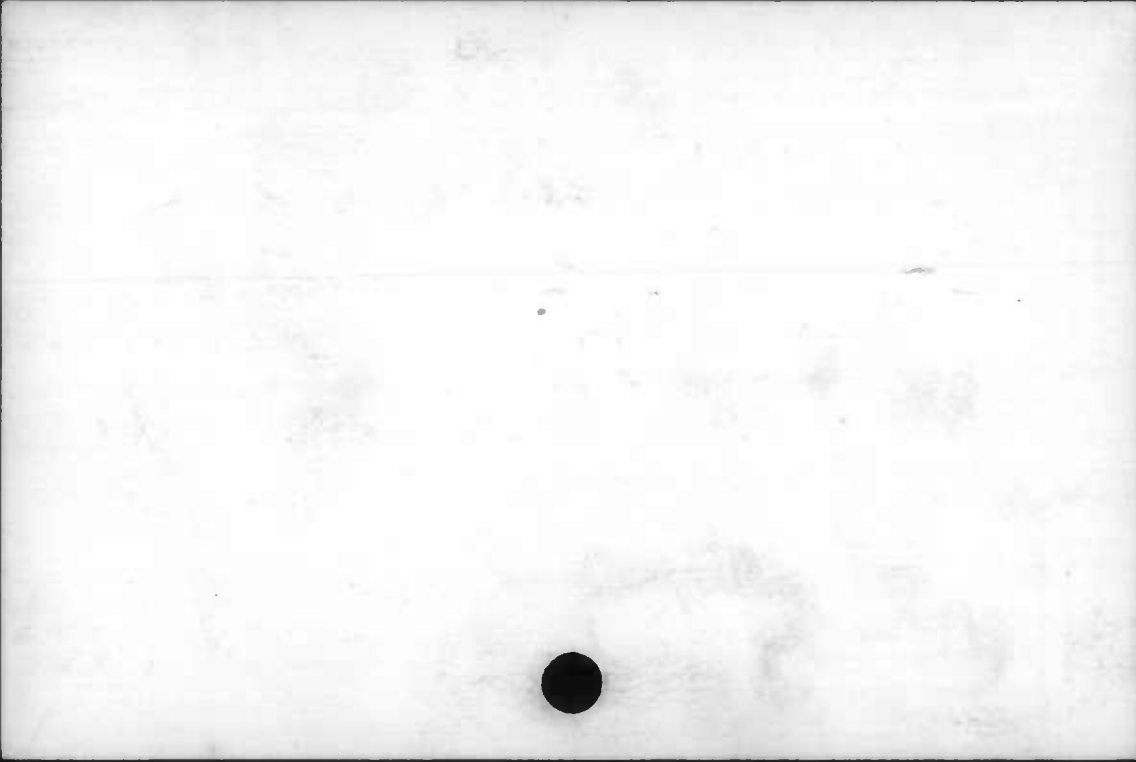
Immediate *Cancer (Toxemic Kidney)?* How long *2 or 3*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Louis A. ...*

Address *...*

Accident or Suicide *No*



Name
in
Full

Lena S. Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Hebron* *Hiomies* County *MD* **MARYLAND**

Date of death 190 *9* Month *May* Day *1* Age *22* Years *6* Months *23* Days

Sex *female* Color or Race *white* Birth-place *Quantics*

Occupation *house-keeper* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Roy C. Walter*

Father's Name *Thomas B. Gordis* Father's Birthplace *Hiomies*

Mother's Maiden Name *Jamie. Brunkle* Mother's Birthplace *Hiomies*

Name of person giving Information *Mattie. Hartrampf* How related to deceased *sister*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Tuberculosis

How long

3 Months

Are the name, age, sex, color, date and place correctly given above?

yes

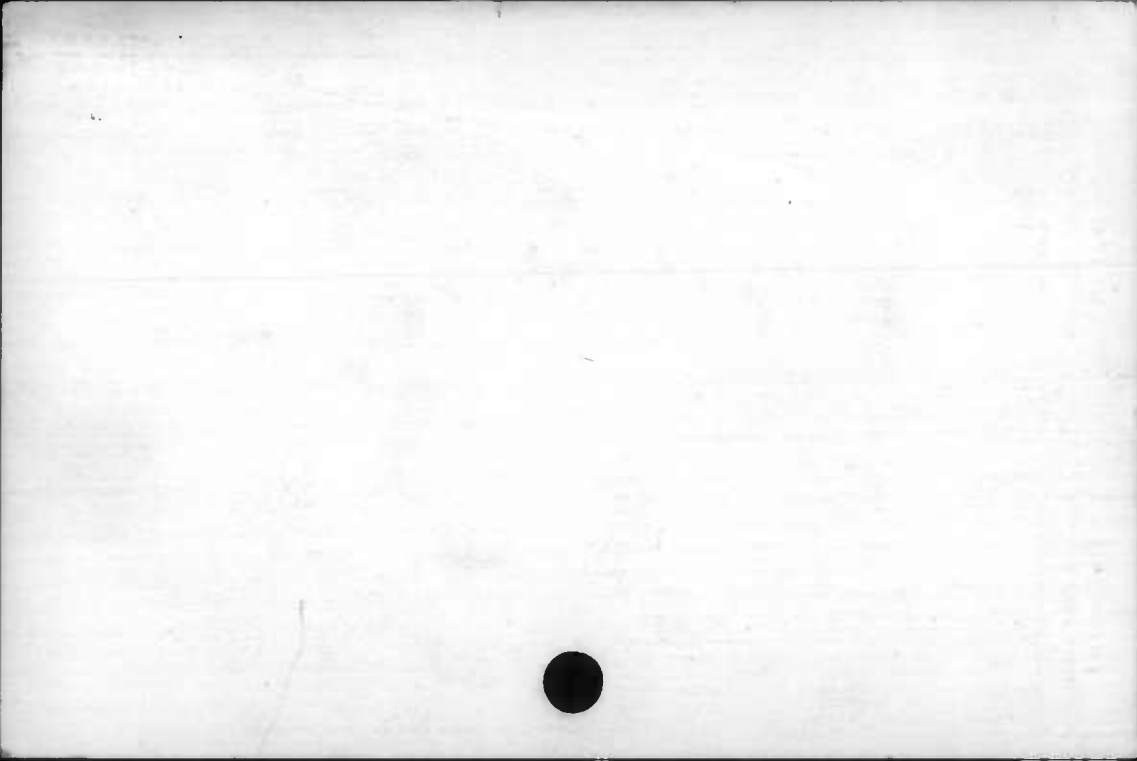
Signature of Physician

H. C. Cornaway

Address

*Hebron
md*

Accident or Suicide



Name
in
Full

Edward J. West.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Fruittland		Wicomico					
Date of death		Month	Day	Age	Years	Months	Days
1909		May	25	49		5	18
Sex		Color or Race		Birth-place			
Male		White		Wicomico Co. near Line Church			
Occupation		Where Residing if not at place of death					
Engineer		Delmar, Del.					
Married, Single or Widowed		Name of Wife or Husband					
Married		Emma J. West					
Father's Name		Father's Birthplace					
Nathan G. West		Wicomico Co. near Whitesville					
Mother's Maiden Name		Mother's Birthplace					
Mary E. Melson		Wicomico Co. near Melson's church					
Name of person giving Information		How related to deceased					
Nathan G. West, Jr.		SON					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

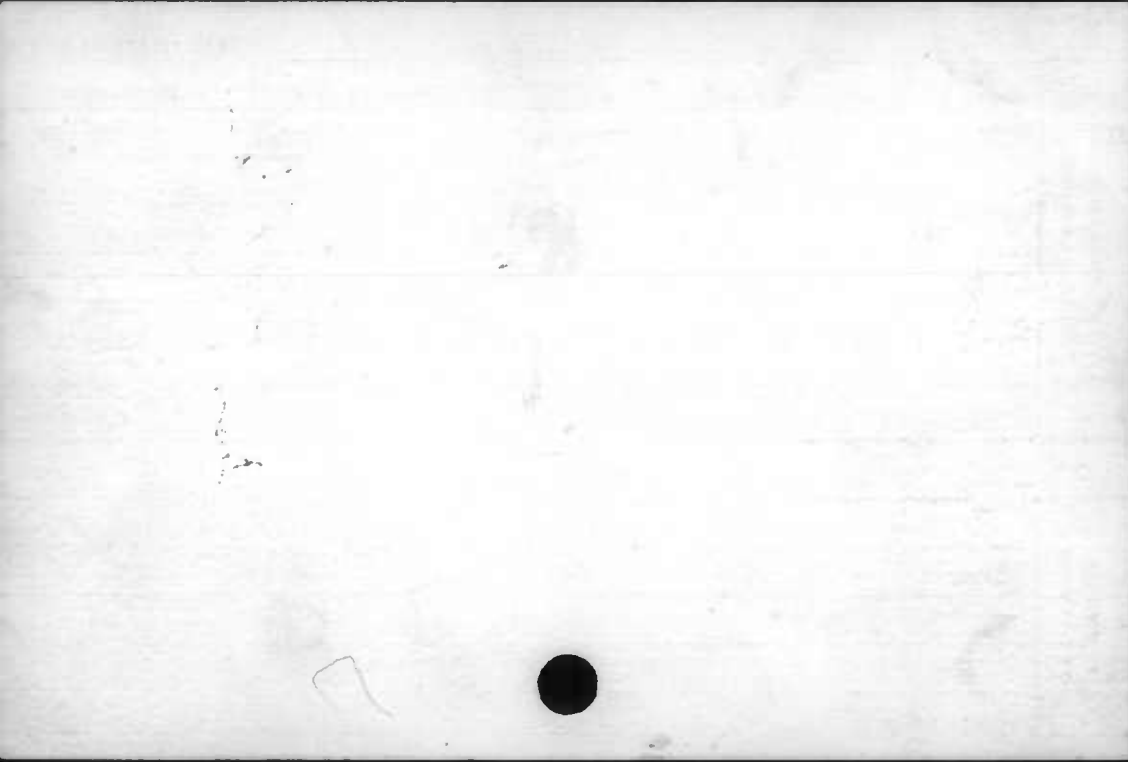
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

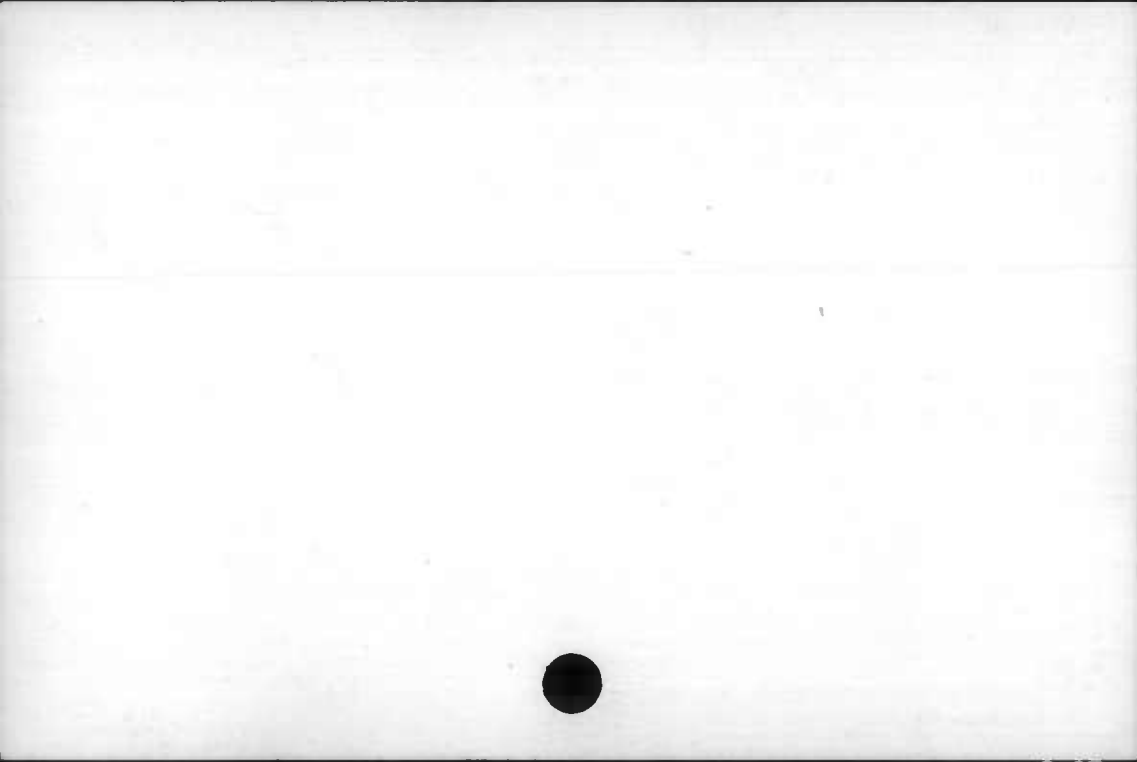
Name in Full <i>Dorothy E. Whayland</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Delmar</i>		Month <i>May</i>		Day <i>25th</i>		Years <i>1</i>	
Date of death <i>1909</i>		Months <i>2</i>		Days <i>2</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Wicomico Co. Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Near Delmar</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Levlen Whayland</i>		Father's Birthplace <i>Wicomico Co. Md.</i>					
Mother's Maiden Name <i>Lula B. Boston</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Levlen Whayland</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary	<i>Brain fever</i>	How long	<i>6 days</i>
Immediate	<i>Convulsion</i>	How long	<i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James Grayshaw</i>	
		Address <i>Delmar Delaware</i>	
Accident or Suicide			



Name
in
Full

Marion Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County

Date of death 190 9 Month May Day 13 Age 6 Years Months 6 Days

Sex male Color or Race white Birth-place MD

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

James C Williams

Father's Birthplace

MD

Mother's Maiden Name

Grace Smith

Mother's Birthplace

MD

Name of person giving Information

Marion C Williams

How related to deceased

grandfather

CAUSES OF DEATH

28

Primary

Tubercular Meningitis

How long

Two days

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

Address

H. J. Bell
Salisbury

Accident or Suicide

PHYSICIAN
OR CORONER

